

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14209

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

305 PUCKETT ROAD  
PERRY, FL 32348 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 986  
PERRY, FL 32348 US

**New Mailing Address:**

**FEI Number:** 59-0948317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEELEY, EARLINE B  
1182 W ROBERTS AMAN RD  
PERRY, FL 32347 US

**Name and Address of New Registered Agent:**

NEELEY, EARLINE B  
1182 W ROBERTS AMAN RD  
PERRY, FL 32347 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EARLINE B NEELEY

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: WOODFORD, ROBERT  
Address: 1572 PINE CREST DR  
City-St-Zip: PERRY, FL 32347

Title: TR ( ) Delete  
Name: JOYAL, NANCY  
Address: 3475 QUAIL ST  
City-St-Zip: PERRY, FL 32348

Title: S ( ) Delete  
Name: NEELEY, EARLINE B  
Address: 1182 W ROBERTS AMAN RD  
City-St-Zip: PERRY, FL 32347

Title: D ( ) Delete  
Name: CRUCE, RICHARD  
Address: 323 PLANTATION RD  
City-St-Zip: PERRY, FL 32348

Title: TR ( ) Delete  
Name: RATLIFF, M.H.  
Address: 2998 GOLF COURSE RD  
City-St-Zip: PERRY, FL 32348

Title: TR ( ) Delete  
Name: MCCOY, TRAVIS  
Address: 212 PINE LAND ST  
City-St-Zip: PERRY, FL 32348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TR (X) Change ( ) Addition  
Name: TUTEN, HARVEY B JR  
Address: 3870 HWY 19, S  
City-St-Zip: PERRY, FL 32348

Title: TR (X) Change ( ) Addition  
Name: STANTON, TIMOTHY  
Address: 508 E ASH ST  
City-St-Zip: PERRY, FL 32347

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CRUCE

TR

04/27/2009

Electronic Signature of Signing Officer or Director

Date